FORM D

1319591

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D
NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering	(☐ check if this is an a	amendment and name	has changed, and i	ndicate change.)	$\mathcal{L}_{i}^{(i)}$	
Issuance of share	s of K2 Overseas Investo	ors I, Ltd.			/ Int	C-150 460
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	☐ ULOĒ
Type of Filing:	☐ New Filing				CC MOV	7 2006
	·	A. BASI	CIDENTIFICAT	ION DATA	VE.	ks
1. Enter the infor	mation requested about th	e <u>i</u> ssuer			\ \ \ \	25. 101
Name of Issuer	check if this is an a	mendment and name h	nas changed, and in	dicate change.	li.	
K2 Overseas Inves	stors I, Ltd.					<u>`</u> /
Address of Executiv	ve Offices:		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	lumber (Including Area Code)
c/o Maples Financ	e BVI Ltd., Kingston Cha	mbers, P.O. Box 173	Road Town Torto	lu, BVI		
Address of Principa	l Offices		(Number and Stre	et, City, State, Zip Co	ode) Telephone N	lumber (Including Area Code)
(if different from Ex	ecutive Offices)		_			
Brief Description of correlation and re-	Business: The compan duced volatility.	y is structured as a m	nulti-manager fund	formed to seek su	perior investment re	eturns with low market
Type of Business C	rganization		* " '			CACILESS
	□ corporation	🔲 limited p	artnership, already	formed	other (please s	pecify)
	☐ business trust	☐ limited p	partnership, to be fo	rmed		DEC 0 6 200
			Month	Yea	ır	THOMSON
Actual or Estimated	Date of Incorporation or C	Organization:	0 3	0	0 ⊠ Ad	tual ESTIMATICIAL
Jurisdiction of Incor	poration or Organization:	(Enter two-letter U.S. F	Postal Service Abbre	eviation for State;		
		C	N for Canada; FN fo	r other foreign jurisc	fiction) F	: N

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

· '		A. BASIC II	DENTIFICATION DAT	A	
Each beneficial owr Each executive office	e issuer, if the iss ner having the pov cer and director of	uer has been organized wi ver to vote or dispose, or di		of, 10% or more of ging partners of pa	a class of equity securities of the issuer; rtnership issuers; and
Check Box(es) that Apply:	☑ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): K2/ [D&S Management Compa	ny, LLC		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street, 12	th Floor, Stamford	d, Connecticut 06901
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Dou	glass III, William A.			
Business or Residence Addr 300 Atlantic Street, 12 th Flo	•		de): c/o K2/D&S Managem	ent Company, LL	С
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Sau	nders, David C.			
Business or Residence Add	•		de): c/o K2/D&S Managem	ent Company, LL	С
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Ferç	guson, John T.			
Business or Residence Addr 300 Atlantic Street, 12 th Flo	•		de): c/o K2/D&S Managem	ent Company, LL	С
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual): Oil (Casualty Investment Corp	ooration, Ltd.		
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): P.O. Box HM 1751, Har	milton GX, Bermu	da
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual): Mas	s. Healthcare Securities	Trust		
Business or Residence Addr 300 Atlantic Street, 12 th Flo	•		de): c/o K2/D&S Managem	ent Company, LL	С
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Addi	ess (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

					В.	INFORM	MATION	ABOUT	OFFER	ING			
1. Has	s the issue	r sold, or c	does the is	suer inten								☐ Yes	⊠ No
							oendix, Co		Ū				
			vestment t		-	-						\$1,	000,000*
-subje	ct to reau	cuon at tr	e sole dis	cretion o	r the Boar	d of Direc	tors						
3. Doe	es the offe	ring permi	t joint own	ership of a	single uni	t?					•••••	Yes	□No
any offe and	commissi ering. If a p Vor with a	on or simi person to l state or st	quested fo lar remune be listed is ates, list th ach a brok	ration for an associ	solicitation ated perso f the broke	of purcha on or agen or or dealer	sers in cor t of a brok r. If more t	nnection w er or deale than five (5	ith sales o r registere s) persons	f securities d with the to be liste	s in the SEC d are	N/a	A
Full Nam	ne (Last na	ame first, if	individual) Stil	lpoint We	alth Mana	igement, l	LLC					
Business	s or Reside	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	3333 Pe	achtree R	oad, NE,	Suite 150,	Atlanta, Ge	orgia 30326
Name of	Associate	ed Broker o	or Dealer										N 11
			d Has Soli heck indivi										☐ All States
⊠ [AL]					•		⊠ (DE)			⊠ [GA]	⊠ [HI]	[ID]	_
[IL]	⊠ [IN]	□ [IA]			⊠ [LA]	☐ [ME]		⊠ [MA]	⊠ [MI]		⊠ [MS]	⊠ [MO]	
	☑ [NE]	⊠ [NV]	□ [NH]	[ил]	[] [NM]			□ [ND]	□ [OH]		□ [OR]	⊠ [PA]	
□ [RI]	⊠ [SC]	☐ [SD]	⊠ [TN]	⊠ [TX]	[TU]	[VT]	⊠ [VA]	⊠ [WA]	[WV]	⊠ [WI]	[WY]	[PR]	
Full Nam	ne (Last na	ıme first, if	individual) GS	Capital M	lanageme	nt, LLC						
Business	s or Reside	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)	3343 Pe	achtree R	oad, NE,	1445 East	Tower, Atla	nta, Georgia, 30326
Name of	Associate	d Broker o	or Dealer						· · ·				
			d Has Soli heck indivi										☐ All States
□ [AL]	[AK]	[AZ]	[AR]	☐ [CA]	□ [CO]	□ [СП	☐ [DE]		□ [FL]	⊠ [GA]	[HI]	[ID]	
	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	[LA]	☐ [ME]	[MD]	□ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
□ [MT]	☐ [NE]	□ [NV]	□ [NH]	□ [NJ]	[MM]	⊠ [NY]	☐ [NC]		□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ [RI]	□ [SC]	☐ [SD]	□ (TN)	□ [TX]			⊠ [VA]	[WA]	□ [M∧]	[wı] □	[WY]	□ [PR]	
Full Nam	ne (Last na	ıme first, if	individual) The	mas Wei	sel Partne	ers, LLC	-					
Business	s or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	One Mo	ntgomery	Street, Se	uite 3700,	San Francis	sco, California 94104
Name of	Associate	d Broker o	or Dealer										<u>. </u>
			d Has Soli neck indivi										
□ [AL]	☐ [AK]	☐ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]	☐ [CT]	□ [DE]	☐ [DC]	☐ [FL]	□ [GA]	☐ [HI]	□ [ID]	
□ [IL]	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	[ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
[MT]	□ [NE]	□ [NV]	[NH]	[NJ]	□ [NM]	□ [NY]	□ [NC]	□ [ND]	□ [OH]		□ [OR]	□ [PA]	
□ [RI]	□ (SC)	□ (SD)		□тхт	□ IUTI		□ IVA1	□ (WA)	□ IWVI	□ mi			

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<u>'-</u>	·				B. INFO	PRMATI	ON ABO	OUT OF	FERING	(cont'd)		
1. Has ti	he issuer	rsold, or c	does the is	suer inten					is offering filing under			☐ Yes	⊠ No
2. What	is the mi	inimum inv	vestment t	hat will be								\$1.6	000,000*
*subject to						-						Ψ.,	
0 - Dans	41n. n. 44 n		tialak aa	anabin af a	احدد جامعات	40						⊠.v	□ No.
		•	•	•	J				 n, directly o			I⊠ Yes	□ No
any co offerir and/o	ommissiong. If a portion of the contract of th	on or simil erson to b state or sta	ar remune be listed is ates, list th	eration for a an associ ne name of	solicitation ated perso the broke	of purcha on or agent r or dealer	sers in cor t of a broke . If more t	nnection w er or deale than five (5	ith sales of r registere b) persons hat broker	f securities d with the to be liste	in the SEC d are		
Full Name	(Last na	me first, if	individual) Hig	hland info	ormation S	Services,	Inc.					
Business o	r Reside	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip	Code)	2545 Hig	ghland Av	enue, Sui	te 200, Bir	mingham, /	Alabama 35205-2420
Name of A	ssociate	d Broker o	or Dealer										
States in W													☐ All States
							□ [DE]			⊠ [GA]		□ [ID]	
⊠ (IL) [□ [iN]	☐ [iA]	□ [KS]	□ [KY]	[LA]	☐ (ME)	☐ [MD]	[MA]	[MI]	☐ [MN]	☐ [MS]	☐ [MO]	
□ [MT] [□ [NE]	□ [NV]	□ [NH]	[VN]	□ [NM]	⊠ [NY]		□ [ND]			□ [OR]	□ [PA]	
☐ [RI] [□ [SC]	☐ [SD]	□ [TN]	⊠ [TX]		[TV]	⊠ [VA]	□ [WA]	[WV]	□ [WI]		□ [PR]	
Full Name	(Last na	me first, if	individual)									
Business o	or Reside	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)			•			
Name of A	ssociated	d Broker o	or Dealer								· -	-	
States in W											· ·		☐ All States
									☐ [FL]		☐ [HI]	[ID]	_
	□ [iN]	□ [IA]	☐ [KS]	□ [KY]	☐ [LA]	☐ [ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
□ [MT] [] [NE]	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	☐ [NY]	☐ [NC]	□ [ND]				□ [PA]	
□ (Ri) [□ [SC]	☐ (SD)	□ [TN]	□ (TX)	□ (UT)	□ [VT]	□ [VA]	□ [WA]	□ [WV]	□ [WI]	□ [WY]	☐ [PR]	
Full Name	(Last nai	me first, if	individual)									
Business o	r Reside	nce Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)	_	·				
Name of A	ssociated	d Broker o	r Dealer						<u> </u>				
States in W											_		☐ All States
					•				☐ [FL]		[HI]	□ [ID]	
	□ [IN]	□ [IA]					[MD]				☐ [MS]	☐ [MO]	
] [NE]	□ [NV]	□ [NH]	[NJ]	[NM]	□ [NY]	☐ [NC]	☐ [ND]	□ [OH]	□ [OK]	□ [OR]	□ [PA]	
□ (RI) [□ (SC)	[SD]	[TN]	[XT]	[UT]		□ [VA]	□ [WA]	[WV]	□ [WI]	□ [WY]	☐ (PR)	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

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1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged. Type of Security	(Aggregate Offering Price		Amount Already Sold
	Debt	s		s	
	Equity			\$	
		<u> </u>		<u>~</u>	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)			<u>\$</u> _	
	Partnership Interests	<u>\$</u>		<u>\$</u>	
	Other (Specify)	\$	900,000,000	\$	553,926,830
	. Total	\$	900,000,000	\$	553,926,830
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		93	<u>\$</u> _	553,926,830
	Non-accredited Investors		n/a	\$	n/a
	Total (for filings under Rule 504 only)		o	\$	0
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C–Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		n/a	\$	n/a
	Regulation A		n/a	\$	
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			•	
	Transfer Agent's Fees		🗆	<u>\$</u>	
	Printing and Engraving Costs		🗆	\$	
	Legal Fees		🗵	\$	152,276
	Accounting Fees		🔯	\$	1,130,000
	Engineering Fees		🗆	\$	
	Sales Commissions (specify finders' fees separately)			<u> </u>	28,100
	Other Expenses (identify)			- -	20,.00
	Outer Expenses (Identity)		⊔	*	1 210 276

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

4	b.Enter the difference between the aggregate offering price given in response to Part C–C and total expenses furnished in response to Part C–Question 4.a. This difference is the "agross proceeds to the issuer."			<u>\$</u>	898,68	19,624	
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed muthe adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at	ı an ıst equal	•	nents to			
			Dire	icers, ctors & iliates			ments to Others
	Salaries and fees		.\$	0		\$	0
	Purchase of real estate		\$			\$	0
	Purchase, rental or leasing and installation of machinery and equipment		\$	0		<u>\$</u>	0
	Construction or leasing of plant buildings and facilities		\$			\$	0
	offering that may be used in exchange for the assets or securities of another issue pursuant to a merger	er 🗆	<u>\$</u>	0		\$	0
	Repayment of indebtedness		\$	<u></u>		\$	0
	Working capital		\$	0	\boxtimes	\$ 898	.689.624
	Other (specify):		\$	0		\$	0
			\$	0		\$	0
	Column Totals		\$	0_	\boxtimes	<u>\$ 898</u>	,689,624
	Total payments Listed (column totals added)			S 8 8	S. & Payment Other O		
	D. FEDERAL SIGNATU	RE					
CC	his issuer has duly caused this notice to be signed by the undersigned duly authorized personstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Committee issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	on. If this nission, u	notice is filed oon written re	l under Rule (equest of its s	505, the	e following information	signature on furnished
•	suer (Print or Type) Signature			Da	te		
K2	Overseas Investors I, Ltd.			No	<u>vemb</u>	er 17,	2006
	ame of Signer (Print or Type) Title of Signer (Print or Type) This for Type Chief Compliance Officer, K	2/D&S Ma	nagement C	o., L.L.C., its	Invest	tment Mai	nager
	Jan 1. Tangasan						<u> </u>
				•			
_	ATTENTION	_					
	Intentional misstatements or omissions of fact constitute federal	criminal	violations. (S	See 18 U.S.C	. 1001.)	

F	ST	ΔTF	SI	GN.	ΔΤΙ	JRE
			•	~ 11	~	

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
K2 Overseas Investors I, Ltd.	John X	November 17, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
John T. Ferguson	Chief Compliance Officer, K2/D&S Manager	nent Co., L.L.C., its Investment Manager

Instruction:

Print the names and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

ŭ	•			AP	PENDIX					
1	:	2	3			4		5	5	
	to non-a	to sell ccredited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		amount pure	nvestor and chased in State 5 – Item 2)		under Sta (if yes, explana waiver o	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		×	\$500,000,000	7	\$37,682,448	0	0		х	
AK										
AZ		x	\$500,000,000	1	\$6,210,000	0	0		х	
AR										
CA		х	\$500,000,000	1	\$1,769,751	0	0		X	
co		х	\$500,000,000	2	\$1,185,000	0	0		х	
СТ		x	\$500,000,000	11	\$6,200,000	0	0		х	
DE										
DC	·	х	\$500,000,000	3	\$12,770,000	0	0		х	
FL		x	\$500,000,000	3	\$1,300,000	0	0		х	
GA		х	\$500,000,000	1	\$1,000,000	0	0		х	
н	·									
מו								·		
IL		X	\$500,000,000	2	\$1,550,000	0	0		x	
IN		x	\$500,000,000	2	\$1,262,225	0	0		×	
IA										
KS	l	×	\$500,000,000	2	\$7,066,000	0	0		х	
KY]	
LA		×	\$500,000,000	1	\$3,000,000	0	0		X	
ME										
MD		×	\$500,000,000	2	\$12,000,000	0	0		x	
MA		×	\$500,000,000	1	\$75,000,000	0	0		X	
MI		x	\$500,000,000	3	\$6,450,000	0	0		X	
MN									<u> </u>	
MS		×	\$500,000,000	7	\$16,900,000	0	0		×	
MO		x	\$500,000,000	1	\$25,000,000	0	0	1	×	
MT								1		
NE			100010				. -		<u>}</u>	
NV										
NH										
NJ		х	\$500,000,000	1	\$537,459	0	0		x	
NM										

\$	•			AP	PENDIX			<u>, , , , , , , , , , , , , , , , , , , </u>				
				··········								
1	1	2	3		4							
	to non-a	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)							
State	Yes	No	Shares	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
NY		×	\$500,000,000	15	\$81,026,993	0	0		х			
NC		×	\$500,000,000	5	\$13,474,761	0	0		х			
ND												
ОН		х	\$500,000,000	4	\$3,914,363	0	0		x			
ок												
OR		х	\$500,000,000	2	\$7,575,000	0	0		Х			
PA		x	\$500,000,000	2	\$12,237,166	0	0	ļ	х			
RI												
sc		×	\$500,000,000	1	\$1,710,000	0	0		х			
SD					180							
TN												
TX		×	\$500,000,000	6	\$65,497,599	0	0		X			
UT				-								
VT					ļ		<u>-</u>					
VA								<u> </u>				
WA												
wv								ļ				
WI												
WY												
Non		X	\$500,000,000	15	\$148,528,564	0	0		X			